		ADOP1-225	
P	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY	
L			
	TELEPHONE NO.: FAX NO.:		
4	ATTORNEY FOR (Name):		
-	SUPERIOR COURT OF CALIFORNIA, COUNTY OF	╡	
`	STREET ADDRESS:		
	MAILING ADDRESS:		
	CITY AND ZIP CODE:		
	BRANCH NAME:		
	CHILD'S NAME:		
	CONSENT TO TERMINATION OF PARENTAL RIGHTS AND	ADOPTION CASE NUMBER:	
	CERTIFICATION—ADOPTION OF AN INDIAN CHILD	ADDITION OADE NOWIDEN.	
р.	urguent to the Indian Child Welfers Act of 1079 (25 LLC C \$ 1012) I de hersby consent t	a the termination of percental rights for my	
	ursuant to the Indian Child Welfare Act of 1978 (25 U.S.C. § 1913), I do hereby consent to ild <i>(name)</i> : born on <i>(date)</i> :	and request his/her	
	acement for adoption with (specify name(s)):	and request mis/ner	
•	FORE THIS COURT I DO STATE THE FOLLOWING:		
	I am a member of the (specify): Tribe of the state of	(specify):	
٠.	Enrollment number (specify, if available):	(Specify).	
2.		per of or is eligible for membership with the	
	(specify): Tribe of the state of (specify):		
	Enrollment number (specify, if available):		
3.	. I desire to terminate my parental rights to said child or consent to adoption and prefer that, pursuant to the placement		
	preferences of the Indian Child Welfare Act of 1978 (25 U.S.C. § 1915), he/she be placed with (name):		
who is my (specify relationship, if any):			
4.	. I fully understand the consequences of my actions, and no threats or promises have been made to me to get me to sign this consent.		
5.	. I understand that at any time before the entry of an order terminating parental rights or an order of adoption, I have the right to withdraw my consent and my child will be returned to me.		
6.	6. I wish to be notified if the final decree of adoption is set aside or vacated, so that I may exercise my right to petition the court for a		
	return of custody and custody shall be returned if the court finds that it is in the child's best interest to be returned to me.		
7.	, , , , , , , , , , , , , , , , , , , ,		
	8. This consent was not signed prior to or within 10 days after the birth of my child (name):		
9.	a. I understand that it is not required that the tribe be notified of this proceeding.		
	b. I wish that the tribe be notified of this proceeding.		
	c. I wish that the tribe not be notified of this proceeding.	lad to participate	
d. I acknowledge that should the tribe become aware of this proceeding it may be entitled to participate.10. I acknowledge that at the time of the execution of this consent, I am not domiciled on or residing upon any Indian reservation.			
10	. I acknowledge that at the time of the execution of this consent, I am not domiciled on of	residing upon any indian reservation.	
Da	ate:		
D			
_	(TYPE OR PRINT NAME)	(SIGNATURE)	
_	CERTIFICATION		
Pυ	ursuant to the Indian Child Welfare Act of 1978 (25 U.S.C. § 1913(a)), I, the Honorable (n	ame):	
Ju	dge of the (specify county): Superior or Consolidated Cou	urt for the State of California, do hereby	
се	certify that this consent was executed in writing and recorded before me in open court (or closed court upon request of the parent), that		
the terms and consequences were explained in detail to <i>(name of parent)</i> : , that			
	e parent fully understood the consequences, and that the parent understood English or the	nat the proceedings were interpreted into a	
lar	nguage that he/she understood.		
	Certified this (date): day of (month):	, (year):	
		WD05	
		JUDGE	